

## PRELIMINARY INQUIRY APPOINTMENT

Indiana Department of Child Services, \_\_\_\_\_ local office (DCS)

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This office has received information that \_\_\_\_\_  
may be a child in need of services in that: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You are hereby notified to be at the DCS office located at

\_\_\_\_\_

(address)

\_\_\_\_\_ on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ .M.  
(date)

This will be an informal interview. If this time is not convenient, please call immediately for a change of appointment.

\_\_\_\_\_  
Intake Officer